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ABSTRACT

This paper lists practices recommended by the Council for Exceptional Children's Division for Early Childhood concerning the promotion of communication skills in early intervention and early childhood special education programs for infants and young children with special needs and their families. The recommended practices to promote communication skills stem from the premise that intervention agents should be actively involved in teaching young children with special needs to communicate more effectively, via the use of strategies for assessing communication performance, strategies for selecting appropriate intervention goals, and strategies for teaching that address those communication goals. An introductory section defines communication, emphasizes the importance of communication intervention for all children with special needs, recommends the broad sampling of communication skills during assessment, notes the need for sensitivity to linguistic and social norms in assessment, points out that goal selection should be a collaborative process, and recommends the presentation of frequent opportunities for children with special needs to transmit and receive information in a multitude of ways. Thirteen recommended practices are then listed, within the categories of assessment practices, goal selection practices, and intervention practices. (JDD)

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Interventions to Promote Communication Skills

Howard Goldstein

Recommended practices for interventions to promote communication skills stem from the premise that intervention agents should be actively involved in teaching young children with special needs to communicate more effectively. Active involvement includes strategies for assessing communication performance, strategies for selecting appropriate intervention goals, as well as strategies for teaching that address those communication goals. The indicators of recommended practice are meant to be as inclusive as possible with respect to: (a) what constitutes "communication" and (b) what places and people are involved in communication intervention.

Communication entails transmission of all kinds of messages, such as information related to needs, desires, perceptions, knowledge, or feelings. One may transmit information to others and one may receive information. However, because language also may be used to mediate one's own actions and thoughts, communication does not always imply social interaction. Furthermore, we have been careful to not refer to speakers and listeners, because those roles seem to imply intentional, verbal communication. Oral and non-oral modes of communication, such as gestural, graphic, or written systems are subsumed by our definition of communication. Communication need not be intentional or conventional. Nonlinguistic forms (e.g., pointing, facial expressions, body language) also are considered

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part of the communication system. Early interventionists must maintain a broad conception of what constitutes communication.

Recommended practices in communication intervention are not realized without a broad representation of individuals with knowledge of and familiarity with the child, the child's family, and their larger community or culture. Assessment, goal selection, and intervention processes call upon expertise and collaboration of professionals as well as other interested parties. Individuals that might be involved in these processes include teachers; paraprofessionals; speech-language pathologists and other related service personnel; parents and other immediate family members; extended family members and caretakers; advocates, interpreters, or other community members; and peers. Recommended practices in communication assessment and intervention should be implemented in multiple communicative contexts, sampling from or including all settings in which the child normally has opportunities to communicate.

We propose that communication intervention should be considered for all children with special needs. Others have suggested that "cognitive referencing" (i.e., whether communication development is delayed with respect to general cognitive functioning) be considered when setting priorities or eligibility criteria for speech-language pathology services (e.g., Lyngaas, Nyberg, Hoekenga, & Gruenewald, 1983; Miller, 1981; Owens & House, 1984). The underlying assumption that such children would profit more from treatment has not been born out in the research literature (see Notari, Cole, & Mills, 1992). Indeed, children with developmental disabilities typically have ample room for improvement in the effectiveness and efficiency of their communication. One must keep in mind that

language skills are integrally related to a myriad of academic and life support skills. Thus, it is unlikely that individuals will fulfill their potential unless efforts to maximize their communication skills are made.

Recommended assessment practice in communication assessment stresses the broad sampling of communications skills. Assessments should examine the adequacy of modes of communication that are evidenced or plausible, taking into consideration the comprehension and production of communicative content, forms, and functions. Because the field lacks well-accepted, thoroughly standardized, rigorously tested assessment instruments in the communication area (see McCauley & Demetras, 1990; McCauley & Swisher, 1984), team members should explore a variety of assessment methods. Parents are one critical source of information as they provide accounts of their child's communication abilities and needs as well as their concerns and priorities. Interviews and surveys of teachers and other professionals might cover some of these areas and include information about previous communication intervention efforts and activities. In addition to formal testing, one should conduct nonstandardized testing, including assessments of the ease of facilitating more advanced communication performance. The development of practical methods for gathering and analyzing communication samples in the child's everyday settings is a critical need. In addition, ecological assessments must be conducted to analyze the demands and supports for child communication in everyday settings and in future settings.

There are two other assessment issues that are worthy of reiteration in this area. Collection and interpretation of assessment information must reflect sensitivity to linguistic and social norms represented by the child's cultural, ethnic, community, and family contexts.

Also, the explanation and discussion of assessment results must be conveyed in clear and meaningful ways to parents and other team members.

Goal Selection

Goal selection follows from the assessment process and is guided by many of the same principles. It is important that goal selection be a collaborative process. By design, assessment practices should provide useful information pertaining to the many factors that must be considered. For example, one must consider the functionality of possible goals in home, educational, and community settings in the short term as well as the potential for these goals to enhance participation in these and other mainstream settings in the long term. The opportunities for effective use of communication goals and modes of communication in the child's present circumstances and the support for maintained use of these communication skills must be considered. This does not discount the need to consider the realistic potential for rearranging communication environments and modifying communication partners' behaviors, as well.

Intervention Practices

The key to intervention practices is the presentation of frequent opportunities for children with special needs to transmit and receive information in the multitude of ways in which communication is woven into our lives. Thus, recommended practice is indicated largely by the frequency and diversity of communication functions and content, partners, and contexts that set the occasion for communication learning and use. A variety of intervention techniques have been shown to be effective in teaching communication skills. These techniques are undergoing and will continue to undergo considerable change as many

investigators and practitioners evaluate refinements in specific techniques and the packaging and repackaging of multiple techniques. Nonetheless, the implementation of these teaching strategies needs to be individualized for children, and the strategies must be applied systematically, with sufficient consistency and frequency to facilitate the acquisition of selected communication goals. Communication intervention should take place in the context of interactions with a variety of adults and children. In addition, environments must be arranged and maintained to ensure there are plenty of opportunities to communicate. The design of environments often must be considered in order to enable and accommodate the specific communication requirements of individual children. Finally, the effectiveness of our intervention efforts must be subject to continual scrutiny. The implementation of intervention efforts as well as their effects must be monitored systematically and regularly. In sum, the indicators of recommended practice outlined below focus on the various ways in which early intervention ensures that children with special needs attain socially effective communication repertoires.

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DEC Recommended Practices
Interventions to Promote Communication Skills

Practices that change or enhance the ability of young children with special needs: (a) to receive information from others, (b) to share information with other individuals; and (c) to use language to mediate their actions and cognition and to control their environment. The purpose of communication intervention is to facilitate improvement in the effectiveness and efficiency of communication (however it is demonstrated) in young children with special needs. Communication is broadly conceived: it may be intentional or nonintentional; it may involve conventional or nonconventional signals; it may be expressed through linguistic or nonlinguistic forms; and it may be conveyed through oral or non-oral (gestural, graphic, and written) modes. It should be noted that communication development need not be delayed with respect to other developmental areas in order to justify communicative intervention that involves the services of speech-language pathologists.

Assessment Practices

COM1. Assessment samples the comprehension and production of content, form, and social functions of communication.

COM2. The professional samples communicative performance in a variety of the situations and with a variety of communicative partners represented in the child's everyday life, including peers without disabilities.

COM3. The professional examines the adequacy of current mode of communication and the potential of alternative/augmentative mode(s) of communication if the need for such mode(s) is/are indicated.

Goal Selection Practices

COM4. Functional, oral use in the child's present social settings (and the potential for enhancing participation in mainstream settings) guide the selection and prioritization of goals.

COM5. Goals reflect assessment results regarding children's comprehension and production of various forms, content, functions, and modes of communication, and how these abilities may vary given different social situations.

COM6. The selection of communication goals focuses on potential modifications in environments and partners' behavior (e.g., expectations, opportunities, responsiveness of environments) as well as the child's communicative skills.

Intervention Practices

COM7. Intervention environments provide opportunities for communication involving (a) multiple functions and content, (b) multiple partners, and (c) multiple communicative contexts (e.g., home, classroom, community).

COM8. Communication partners (a) recognize and respond positively to communicative attempts and (b) build on children's interests, topics, leads, requests, and comments.

COM9. Team members integrate communicative intervention strategies into a variety of instructional contexts by providing information about objectives/strategies, relevant training, and giving periodic feedback to other team members.

COM10. Communication interventions include a range of techniques (e.g., milieu teaching, responsive interaction, didactic teaching, direct instruction, etc.) that professionals and/or parents employ with sufficient intensity and duration to result in the acquisition of the child's goals.

COM11. Communication partners individualize/adapt their communication to the child's linguistic sophistication and disability status (e.g., hearing impairment) to ensure that communication directed to the child is understandable.

COM12. Professionals design environments to enable and accommodate children's unique receptive and expressive modes of communicating (i.e., include properly functioning assistive devices such as hearing aids, glasses, communication boards, and other mechanical or electronic adaptive and prosthetic devices) and provide specific training in maintaining such devices.

COM13. Early intervention settings maintain optimal listening/acoustical conditions (i.e., a +30 Db signal-to-noise ratio).